

COMSCINST 5910.1H	COG CODE N002	DATE 13 FEB 1989
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DEPARTMENT OF THE NAVY
 COMMANDER MILITARY SEALIFT COMMAND
 WASHINGTON NAVY YARD BLDG 210
 901 M STREET SE
 WASHINGTON DC 20398-5540

COMSCINST 5910.1H
 M-1
 13 February 1989

COMSC INSTRUCTION 5910.1H

Subj: SUBMISSION OF MSC REPORT 5910-1 AND OFFICE DIRECTORY

1. Purpose. This instruction directs the submission of MSC Report 5910-1 and office directory.
2. Cancellation. COMSC Instruction 5910.1G.
3. Background. In order to meet emergency situations as they arise, it is essential that COMSC Headquarters' records for contacting key personnel located throughout the command remain current at all times. Updated information also must be maintained on the physical location, commercial address (if applicable), space occupied, and the facilities used by MSC activities.
4. Action. Addresses are required to submit an updated copy of MSC Form 5910/2 and a current office directory to COMSC (M-1) as changes occur in key personnel or telephone numbers. Otherwise they must be submitted annually, by 31 May.
5. Supply of Forms. Stocks of MSC Form 5910/2 are available from COMSC upon request. Point of contact is M-11, A/V 288-0636 or Commercial (202) 433-0636.
6. Report. The reporting requirement prescribed in this instruction is assigned RCS MSC Report 5910-1 and is effective for three years from the date of this instruction.

Distribution:

SNDL 41B (MSC Area Commands) (LANT & PAC only)
 41B (MSC Area Commands) (FE, SWA, EUR only) (10)
 41C (MSC Subarea Commands) (5)
 41D3 (MSC Offices)

MSC Reps

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COMSCINST 5910.1
MSC REPORT 5910-1

SHORE ADDRESS AND SPACE DATA CARD

NAME OF ACTIVITY:				
MAILING ADDRESS:			NAME & STREET NO.: <i>(Bldg. no.; State or Country)</i>	
TELEPHONE NUMBERS				
ACTIVITY		AUTOMOTIVE TRANSPORTATION	WATCH OFFICE	
COMMERCIAL:	DSN:	COMMERCIAL:	COMMERCIAL:	DSN:
ACTIVITY HEAD			CHIEF OF STAFF OR EXECUTIVE OFFICER	
COMMERCIAL:	DSN: <i>(If applicable)</i>		COMMERCIAL:	DSN: <i>(If applicable)</i>
NAME, RANK & LOCAL ADDRESS OF ACTIVITY HEAD:				
NAME, RANK, & LOCAL ADDRESS OF CHIEF OF STAFF OR EXECUTIVE OFFICER:				
UP-TO-DATE MAPS AND/OR SKETCHES ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO UP-TO-DATE OFFICE DIRECTORY ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO				
REMARKS: <i>(Include information on housing & messing arrangements for personnel and any special instructions for telephone calls)</i>				
APPROVED BY: <i>(Typed name, rank & title)</i>			SIGNATURE:	DATE:

MSC 5910/2 (Rev. 5-89)

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SPACE OCCUPIED			
TYPE AND USE (1)	BUILDING IDENTIFICATION AND OCCUPANCY	AREA (Sq. ft.)	RENTAL COST (Sq. ft.)
<p>NOTE: (1) Indicate whether administration Office, Ships, Living Space, Covered Storage, Other (2) Indicate whether occupancy is rental, agreement, including pertinent data as to ownership and expiration date of arrangement</p>			
<p>PRIVACY ACT STATEMENT</p> <p>Title 10 of U.S. Code 5031 gives authority to request this information. This form has been designed to serve as an emergency locator roster listing key personnel assigned to Military Sealift Command activities. Intended use is for Senior Duty Officer (SDO).</p>			

INSTRUCTIONS:

Click in text blocks and type required information.

As you type required information and return, you will have plenty of space.

For check box fill-ins, place cursor on check box and double click on check box.

A menu will come up, place cursor on the box for checked or not checked and click.

Click on the OK button and you will return to the form for completion.